

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24900

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1529</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. CITY <u>ST. LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARSONVILLE</u>		c. LENGTH OF STAY (in this place) <u>11 yrs.</u>		c. CITY OR TOWN <u>CARSONVILLE</u>		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>8542 Jane Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>8542 Jane Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mearl</u> b. (Middle) <u>MATRON</u> c. (Last) <u>Potter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 16, 1904</u>		
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>51</u> Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Material Handler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Manufacturer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Maldon Mo.</u>				
13a. FATHER'S NAME <u>WILLIS ALBERT POTTER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY CAROLINE LENTZ</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. CECIL HUGHES POTTER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-09-0967</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS CECIL POTTER 8542 Jane Ave</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Nephritis Hemorrhagic (adenocarcinoma)</u> ANTECEDENT CAUSES <u>Cancer of Lung (Bilateral)</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>14 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>163X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>MARCH, 1953</u> , to <u>JULY 3, 1955</u> , that I last saw the deceased alive on <u>JULY 1, 1955</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Joseph P. Ramsey MD</u>				23b. ADDRESS <u>ST. LOUIS 7 3861 ST. LOUIS AVE MO</u>		23c. DATE SIGNED <u>JULY 3-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/6/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDEN</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>		
DATE REC'D BY LOCAL REG. <u>7/15/55</u>		REGISTRAR'S SIGNATURE <u>Robert K. Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullen Kelly 7267 NATURAL BRIDGE</u>				

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *James A. Lammers*.....

Licensed Embalmer No. *414*.....

P. O. Address *St. Louis*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).**  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.